

Permission to Appeal In Forma Pauperis

United States District Court for the MIDDLE District of ALABAMATRACY J. RICHARD, AIS#185814 **RECEIVED**

v.

RICHARD ALLEN, COMMISSIONER ALDOC &

2007 APR 20 A 9:31 District Court No. 2:07cv338-WHAPAUL WHALEY, DIRECTOR OF CLASSIFICATION ALDOC
DEBRA P. HACKETT, CLK
U.S. DISTRICT COURT ALDOC

Affidavit in Support of Motion

MIDDLE DISTRICT ALA
INSTRUCTIONS

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Signed: Tracy Richard 185814Date: 4-4-07

My issues on appeal are:

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 0	\$ _____	\$ 0	\$ _____
Self-employment	\$ 0	\$ _____	\$ 0	\$ _____
Income from real property (such as rental income)	\$ 0	\$ _____	\$ 0	\$ _____
Interest and dividends	\$ 0	\$ _____	\$ 0	\$ _____
Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ 0	\$ _____	\$ 0	\$ _____
Child support	\$ 0	\$ _____	\$ 0	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ _____	\$ 0	\$ _____
Disability (such as social security, insurance payments)	\$ 0	\$ _____	\$ 0	\$ _____
Unemployment payments	\$ 0	\$ _____	\$ 0	\$ _____
Public-assistance (such as welfare)	\$ 0	\$ _____	\$ 0	\$ _____
Other (specify): _____	\$ 0	\$ _____	\$ 0	\$ _____
Total monthly income:	\$ 0	\$ _____	\$ 0	\$ _____

Name	Relationship	Age
<u>NON-APPLICABLE</u>		

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>0</u>	\$ <u> </u>
Are real-estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>0</u>	\$ <u> </u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u> </u>
Food	\$ <u>0</u>	\$ <u> </u>
Clothing	\$ <u>0</u>	\$ <u> </u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u> </u>
Medical and dental expenses	\$ <u>0</u>	\$ <u> </u>
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u> </u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u> </u>
Insurance (not deducted from wages or included in mortgage payments)	\$ <u>0</u>	\$ <u> </u>
Homeowner's or renter's	\$ <u>0</u>	\$ <u> </u>
Life	\$ <u>0</u>	\$ <u> </u>
Health	\$ <u>0</u>	\$ <u> </u>
Motor Vehicle	\$ <u>0</u>	\$ <u> </u>
Other: _____	\$ <u>0</u>	\$ <u> </u>
Taxes (not deducted from wages or included in mortgage payments) (specify): _____	\$ <u>0</u>	\$ <u> </u>
Installment payments	\$ <u>0</u>	\$ <u> </u>
Motor Vehicle	\$ <u>0</u>	\$ <u> </u>
Credit card (name): _____	\$ <u>0</u>	\$ <u> </u>
Department store (name): _____	\$ <u>0</u>	\$ <u> </u>
Other: _____	\$ <u>0</u>	\$ <u> </u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u> </u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u> </u>
Other (specify): _____	\$ <u>0</u>	\$ <u> </u>
Total monthly expenses:	\$ <u>0</u>	\$ <u> </u>

STATE OF ALABAMA
DEPARTMENT OF CORRECTIONS
BULLOCK CORRECTIONAL FACILITY

AIS #: 185814

NAME: RICHARDS, TRACY

AS OF: 04/11/2007

MONTH	# OF DAYS	AVG DAILY BALANCE	MONTHLY DEPOSITS
APR	19	\$17.43	\$0.00
MAY	31	\$137.53	\$250.00
JUN	30	\$170.71	\$0.00
JUL	31	\$156.51	\$150.00
AUG	31	\$114.97	\$15.00
SEP	30	\$126.60	\$50.00
OCT	31	\$216.55	\$190.00
NOV	30	\$547.80	\$280.00
DEC	31	\$292.58	\$50.00
JAN	31	\$331.94	\$170.00
FEB	28	\$530.51	\$260.00
MAR	31	\$876.00	\$440.00
APR	11	\$1,149.39	\$60.00